



Provider Communication

| Subject: | PA Requests for PT & OT Evaluation & Wheelchair Management | Priority: | High |
|----------|--|-------------|------------------|
| Date: | April 15, 2010 | Message ID: | ACSBNR04152010_3 |

Dear Hospital Therapy Providers,

This change does not apply to therapy providers enrolled in the Children's Intervention Services program.

Effective on and after March 8, 2010, prior approval (PA) submissions for physical/occupational therapy (PT/OT) evaluation and wheelchair management services performed in the outpatient hospital setting (using the hospital's Medicaid number) may be considered on the same request with authorization spans of up to four (4) months. This action is expected to speed up the PA process for therapy evaluation services while allowing ample time for effective and appropriate wheelchair management.

The following PA entry guidelines describe how to enter the PT/OT evaluation and wheelchair management codes on the same request:

Coding the PA:

- 1. Continue to submit PA requests online at www.ghp.georgia.gov
- 2. Enter PT evaluation (CPT 97001) OR OT evaluation (CPT 97003) in conjunction with wheelchair evaluation services (CPT code 97542) on the same PA request
 - Because CPT 97001 and 97003 are mutually exclusive of each other, they may not be considered together on the same PA request
- 3. CPT 97542 may be entered in conjunction with 97001 or 97003; or as a stand alone service
- 4. CPT 97542 may not be considered in conjunction with any other therapy service codes.
 - PA entries with 97542 and other therapy service codes will display error, "Code 97542 can only be entered by itself, or with code(s) 97001 or 97003."

Entering Date Spans:

- 1. Enter CPT 97001 or 97003 for a discrete monthly span, i.e., 4/1/2010 to 4/30/2010
- 2. When billed in conjunction with CPT 97542, the start date for 97542 will begin on the first date of the month AFTER the end of the PT or OT evaluation span, i.e., 5/01/10
- 3. CPT 97542 may also be entered for a discrete monthly span, up to four (4) months or 120 calendar days, i.e., 5/1/2010 8/28/2010 (see example table)

| Procedure / Drug Code | Requested From Date | Requested To Date |
|--------------------------|------------------------|----------------------|
| 97001 | 4/1/2010 | 4/30/2010 |
| 97542 | 5/1/2010 | 8/28/2010 |

For questions, contact the GHP Provider Inquiry line at 800 466-4456.